



General Assembly

February Session, 2014

Amendment

LCO No. 3966

SB0019803966SR0

Offered by:
SEN. KELLY, 21st Dist.

To: Senate Bill No. 198

File No. 62

Cal. No. 82

"AN ACT CONCERNING THE CLAIMS DATA PROVIDED TO CERTAIN EMPLOYERS."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Section 3-123ccc of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2014*):

5 (a) Nonstate public employers and nonprofit employers may apply
6 for coverage under a partnership plan in accordance with this section.

7 [(1) Notwithstanding any provision of the general statutes, initial
8 and continuing participation in a partnership plan by a nonstate public
9 employer shall be a permissive subject of collective bargaining and
10 shall be subject to binding interest arbitration only if the collective
11 bargaining agent and the employer mutually agree to bargain over
12 such participation.]

13 [(2)] (1) If a nonstate public employer or a nonprofit employer

14 submits an application for coverage for all of its respective employees,
15 the Comptroller shall accept such application upon the terms and
16 conditions applicable to the partnership plan, for the next open
17 enrollment. The Comptroller shall provide written notification to such
18 employer of such acceptance and the date on which such coverage
19 shall begin, pending acceptance by such employer of the terms and
20 conditions of such plan.

21 [(3)] (2) (A) Except as specified in subparagraph (D) of this
22 subdivision, if a nonstate public employer or a nonprofit employer
23 submits an application for coverage for less than all of its respective
24 employees, or indicates in the application the employer will offer other
25 health plans to employees who are offered a partnership plan, the
26 Comptroller shall forward such application to a health care actuary not
27 later than five business days after receiving such application. Not later
28 than sixty days after receiving such application, such actuary shall
29 notify the Comptroller whether, as a result of the employees included
30 in such application or other factors, the application will shift a
31 significant part of such employer's employees' medical risks to the
32 partnership plan. Such actuary shall provide, in writing, to the
33 Comptroller the specific reasons for such actuary's finding, including a
34 summary of all information relied upon in making such a finding.

35 (B) If the Comptroller determines that, based on such finding, the
36 application will shift a significant part of such employer's employees'
37 medical risks to the partnership plan, the Comptroller shall not
38 provide coverage to such employer and shall provide written
39 notification and the specific reasons for such denial to such employer
40 and the Health Care Cost Containment Committee.

41 (C) If the Comptroller determines that, based on such finding, the
42 application will not shift a significant part of such employer's
43 employees' medical risks to the partnership plan, the Comptroller shall
44 accept such application for the next open enrollment. The Comptroller
45 shall provide written notification to such employer of such acceptance
46 and the date on which such coverage shall begin, pending acceptance

47 by such employer of the terms and conditions of such plan.

48 (D) If an employer included less than all of its employees in its
49 application for coverage because of (i) the decision by individual
50 employees to decline coverage from their employer for themselves or
51 their dependents, or (ii) the employer's decision not to offer coverage
52 to temporary, part-time or durational employees, the Comptroller shall
53 not forward such employer's application to a health care actuary.

54 (b) The Comptroller shall consult with a health care actuary who
55 shall develop:

56 (1) Actuarial standards to assess the shift in medical risks of an
57 employer's employees to a partnership plan. The Comptroller shall
58 present such standards to the Health Care Cost Containment
59 Committee for its review, evaluation and approval prior to the use of
60 such standards; and

61 (2) Actuarial standards to determine the administrative fees and
62 fluctuating reserves fees set forth in section 3-123eee and the amount
63 of premiums or premium equivalent payments to cover anticipated
64 claims and claim reserves. The Comptroller shall present such
65 standards to the Health Care Cost Containment Committee for its
66 review, evaluation and approval prior to the use of such standards.

67 (c) The Comptroller may adopt regulations, in accordance with
68 chapter 54, to establish the procedures and criteria for any reviews or
69 evaluations performed by the Health Care Cost Containment
70 Committee pursuant to subsection (b) of this section or subsection (c)
71 of section 3-123ddd."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	October 1, 2014	3-123ccc